

## KENTUCKY BOARD OF LICENSURE FOR MARRIAGE AND FAMILY THERAPISTS

P.O. Box 1360, Frankfort, Kentucky 40602 ~ 911 Leawood Drive, Frankfort, Kentucky 40601 Phone (502) 564-3296 ~ <a href="http://mft.ky.gov">http://mft.ky.gov</a>

## **SUPERVISORY LOG**

ASSOCIATE'S NAME:				PERMIT NO	
SUPERVISOR'S NAME (Please Print):			LICENSE NO		
<u>DATE</u>	INDIVIDUAL HOURS	GROUP HOURS	DID SESSION INCLUDE RAW DATA* Y/N # OF HOURS	SUPERVISOR'S SIGNATURE (Must Sign Each Line)	
			Y/N		
			Y / N		
			Y/N		
TOTAL					
Please use t	he following method fo	or recording:	.25 = 15 minutes; .5 = 30 m 1 or 1.0 = 1 hour (60		
* "Raw data	a" means video record	led sessions, li		py with a board approved supervisor.	

DUPLICATE FORM AS NEEDED Pursuant to 201 KAR 32:035 Sections 1, 3, 4, and 6.

Raw data must be from the supervisees own clinical work.

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8/2015